	Complete if Known	
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STATEMENT BY APPLICANT	First Named Inventor	Salvatore V. Pizzo
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(use as many sheets as necessary)	Examiner Name	Emily M. Le
Sheet 1 of 1	Attorney Docket Number	5405-304

				U.S. PATENT DOC	UMENTS	
	Cite No.	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant
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	1.	US-	4,652,629	03-24-1987	Patrick et al.	
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	4.	US-	7,105,171 B2	09-12-2006	Stephens et al.	

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	Т		
	5.	Dorland's Illustrated Medical Dictionary, 25th Ed. (1974), pp 764-765. W.B. Saunders, Philadelphia			
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Examiner	/Emily Le/	Date			
Signature	1	Considered	11/24/2008		
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